

Form 47-264
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TO: Mississippi State Tax Commission
Alcoholic Beverage Control Division
P. O. Box 540
Madison, Mississippi 39130-0540

APPLICATION FOR REGISTRATION OF MANUFACTURER'S REPRESENTATIVES
OR
CONTROL STATE MANAGER

Manufacturer's Name: _____

Address: _____

Brands to be Marketed and Shipping Point(s) for Each Brand: _____

Representative to be registered: (Executive Officer or Control States Manager)

Name: _____ Title: _____

Business Address and Telephone No.: _____

Home Address and Telephone No.: _____

Length of time employed by manufacturer: _____

Previous experience in sales and distribution of alcoholic beverages: _____

Extent of authority to commit or contract in behalf of manufacturer: _____

We certify as manufacturer, distiller, distributor, rectifier, or importer that our official representative named above will, at all times, comply with the Mississippi Laws and Policies and Regulations of the Mississippi State Tax Commission. We further certify that the representative has been informed relative to the Laws of the State of Mississippi and the policies and regulations of the Mississippi State Tax Commission.

DATE

EXECUTIVE OFFICER, TITLE